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ABSTRACT

The booklet describes Project ABC (Any Baby Can), a model networking effort to promote coordinated services for disabled and high-risk infants in San Antonio, Texas. The model features a volunteer, grass-roots emphasis in an aggressive community awareness campaign with a long-term goal of improving the effectiveness of social services and health care delivery. The history of the program is traced and three major goals described: (1) to educate through dissemination of information on normal/abnormal development; (2) to advocate through coalitions of parents, professionals, agencies, and organizations; and (3) to communicate through initiation of an information and referral telephone line for early intervention with children and families. The scope of the client population is discussed and the wide array of problems prompting parents to call Project ABC is noted. Current project activities include a crisis fund, a corps of well-trained babysitters, emergency formula distribution, and parent support groups. The booklet concludes with summaries of project evaluation efforts and of its ability to be replicated. (CL)

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Children's Hospital
PROJECT ABC

Know a Baby Who Needs Help? Call ABC

by Megan E. Kromer

Editorial assistance by Charlene Warren

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The University of Texas
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Foreword

Several years ago through the energy created by a small nucleus of caring individuals, the San Antonio Coalition for Children, Youth and Families was born out of concern for the highly complex, multifaceted problems experienced by families in today's society. Comprised of teachers, professionals, and parents of disabled or critically ill children, a Task Force of the Coalition later spawned Project Any Baby Can (ABC).

This project is a model networking effort designed to develop intensive collaboration and coordination in order to link all services for disabled and high-risk babies in Bexar and surrounding counties. The volunteer-anchored, grass-roots effort has gained unprecedented momentum because of its aggressive community awareness campaign and long-term goal of improving the efficacy of social services and health care delivery to this vulnerable population.

Perhaps because Project ABC clients encounter so many obstacles in obtaining needed assistance, the staff recognizes no barriers in accessing information and resources. The staff and volunteers persevere like unflappable, zealous missionaries when advocating on behalf of the medically involved, chronically ill child, often because time is precious to a severely disabled infant or because "turf" issues and contradictory bureaucratic guidelines get in the way.

Rapidly outgrowing its parent organization, Project ABC was invited to become an integral part of one of the largest children's hospitals in Central and South Texas. As the demand for services increased at a geometric rate, the resources to support the core staff remained minimal. Therefore, in an attempt to achieve stability, Project ABC accepted the invitation to become affiliated with Children's Hospital within the Santa Rosa Medical Center. The reciprocal benefits from this symbiotic arrangement have been

immeasurable. The hospital has a direct conduit to the multiple services available through ABC, and the project staff has access to the enormous resources that are a part of the colorful and attractive children's hospital.

Project ABC has worked hard to let the San Antonio community have ownership of the unique program. This is evidenced by a broad base of support manifested by a strong cadre of volunteers, corporate and business donors, and many families that benefit from the services. The newsletter is financed by a local business and reaches over three thousand readers. Transit buses display the slogan, "Know a Baby Who Needs Help? Call ABC."

Volunteer satisfaction and retention are signs of a successful volunteer program. Several hundred participants, young and old, offer help ranging from physician consultation to answering telephone lines or babysitting a handicapped child.

Fresh patterns of service delivery or new partnerships of collaboration do not necessarily attract funding, especially if a project is in its embryonic stage of development. Competition is extremely keen, particularly when competing against well established, direct service programs. Because of the ardent interest in improving or generating human resources to a politically powerless population with little or no constituency, coupled with the decreasing availability of public and private funds to operate programs such as Project ABC, the staff sought to create nontraditional patterns of fundraising through a variety of mechanisms.

Sponsoring noted speakers and conferences and charging small registration fees, operating a gift shop in a hospital, and working with local businesses to develop shared-profit activities have given Project ABC unrestricted, discretionary monies—funds which can be used for purposes other than those prescribed by contracts or grants. For example, a new restaurant franchise selected Project ABC as its community-involvement project and agreed to finance *Networking News*. Another restaurant (chain) corporation agreed to co-sponsor a party for clients and friends of Project ABC and to donate a percentage of the day's proceeds to aid in supporting the

crisis fund and apnea monitor loan program. Also, an individual, who requested anonymity, wrote a personal letter to friends to solicit funds and then hosted a luncheon for those wishing to contribute to the activities of Project ABC.

Many agencies have played a prominent role in meeting the basic and complex needs of the families described herein. Project ABC has assumed a catalytic role in these endeavors and has sought to match human needs with extant resources. Because of the severe psychological distress caused by the death of an infant or a child's physical and/or mental developmental problems, the Hogg Foundation joined the challenge to intervene during these harsh, often traumatic conditions by funding the evaluative component of such an intervention model.

In sharing what has been found to be extremely exciting results of this intervention effort, we do believe that similar efforts can take place in other communities, regardless of their size, and that those efforts should be tailored to meet that community's individual and special needs.

Reymundo Rodríguez

Reymundo Rodríguez is an Executive Associate with the Hogg Foundation for Mental Health, where he has served as a program officer since 1972.

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Prologue

San Antonio, Texas. Its sounds are guitars and strolling mariachis from the cafés along the river in restored La Villita, street noises and sirens common to any large modern city, clamor from a fourth grade class on a field trip to the Alamo.

Its sights are vivid red-orange hibiscus blossoms in a downtown plaza, the Tower of the Americas—showpiece of the 1968 Hemisfair—stretching to peek over its skyline neighbors, crumbling stones of 18th century Spanish missions.

Its population is rich in diversity. Hispanic, Black, and Anglo, military, civilian.

In this colorful and multicultural city of contrasts, a woman watched a television public service announcement featuring an eight-year-old Down Syndrome boy and his father.

> She, too, had a Down Syndrome son, age five. She had never taken Jessie to a doctor or a school. Yet, hoping her son could begin to learn like the boy on TV, she telephoned the number the announcer gave. She found a friendly ear, concern, and helpful suggestions. She received step-by-step information about appropriate agencies to call on for help with her son's case. Anyone checking after some weeks would find that medical and developmental testing had been completed, an individualized plan was worked out, and Jessie had entered school for the first time.

Of San Antonio's 15,000 newborns each year, five percent can be expected to have a handicap at birth. Another seven percent will later be diagnosed as developmentally delayed or handicapped, many of them within their first three years of life.* Percentages will

* Donald F. Kline, *The Disabled Child and Child Abuse*. Chicago: National Committee for Prevention of Child Abuse, 1982.

likely rise as technological advances make it possible to keep greater numbers of these children alive.

Those closest to the infants—parents, a doctor who diagnoses a patient with a birth defect, a day-care worker or teacher suspecting a child is delayed—frequently are puzzled or poorly informed about sources of assistance for these children and their families. Numbers of service agencies and programs might be available, but finding and selecting the most appropriate one can be overwhelming. This is especially true when the agencies have low visibility—when limited funds preclude wide public information efforts. Parents' distress over finances and difficulties of transportation can make participation formidable.

The system which had evolved over years in San Antonio to provide information, support, and aid to these families was so highly individualized and specialized that no one seemed to have a grasp of the total scene. Doctors involved with the youngsters were specialists with little knowledge of the service system outside the medical realm. Agencies which did not fit a child's need or were limited in ability to help were often unable to refer to other programs that could be more beneficial. Interagency coordination and dissemination of information were so unstructured that no real "system" existed.

This void was recognized by the Parenting Education Task Force of the San Antonio Coalition for Children, Youth, and Families, a group made up of concerned professionals and parents of handicapped or critically ill children. With the Education Service Center of Region 20, they set out on a collaborative project to collect and publish information on day care centers and parent support groups—on all services available to youngsters with special needs.

The wide range of sources of information made collection difficult. The 12-member volunteer Task Force worked for eight long months to complete its listing. And the compilation revealed gaps.

Vacancies were found in programs. Where were the children represented by these faceless statistics? It became apparent that

many of them were not being identified. Because information for families and the public was inadequate, children too often were lost to the professionals who could and would help.

Often parents did not know where to turn for help, but many times, as well, no service existed for their need—no support group had been organized or some necessities for a child's care were unaffordable or unallowable by insurance criteria.

After its first effort revealed further needs, the Parenting Education Task Force tooled up to provide a model clearinghouse for information and referral.

Goals

Identifying handicapped and high-risk infants and their families in San Antonio and surrounding Bexar County and then matching them with appropriate sources of assistance became the impetus for Project Any Baby Can (ABC). The program would make referrals and provide no direct services itself which could be provided by other programs.

Task Force members submitted a grant proposal to the Texas Developmental Disabilities Program requesting funds for initiation of Project ABC with a phone-in "Baby Helpline." A grant to support operation and staff was approved.

The same Task Force members broadened their role to become an official and influential Advisory Board. Their wide contacts in the city enabled them to enlist much additional support for the program. The dedication of the Advisory Board and the staff—approaching businesses, organizations, and the general public with assurance and vigor—provided the outreach enabling identification of and assistance for over 1,500 boys and girls in ABC's first three years of operation.

In order to accomplish the primary objective, these goals were developed:

Educate—through dissemination of information on normal/abnormal development.

Advocate—through facilitation of a coalition of parents, professionals, agencies, and organizations with interest in high-risk and developmentally delayed children.

Communicate—through initiation of an information and referral telephone line for early intervention for children and families.

***Educate:* Creating Community Awareness**

Parents would need to have basic information about child development before the Baby Helpline could be of any value. A bilingual brochure was prepared outlining a simple developmental checklist and carrying the Baby Helpline phone number: 228-2ABC. And the information had to reach the families; it must be placed where they would be exposed to it. Volunteers arranged brochures into packets which could serve as displays, and these were mailed to pediatricians, family practitioners, pharmacists, daycare centers, churches, and grocery stores. During the project's first 18 months 65,000 checklists for parents were distributed.

Other avenues for reaching parents were also used. With the help of the Advisory Board, a strong public relations campaign was begun. Newspapers, television, and radio stations became involved. The media carried public service announcements and feature articles. Thirty interviews with project staff and client families were broadcast.

With the public awareness came program invitations. Presentations were made each week to civic clubs, businesses, and organizations. A newsletter was begun, its circulation quickly climbing to 3,000. Local buses displayed the project name and phone number as part of the transit authority's ongoing public service promotion. Bumper stickers were distributed promoting the slogan, "Know a baby who needs help? Dial 228-2ABC."

Finally, production and presentation of a one-hour television documentary about the impact of a child's handicap on the family and significant others climaxed the program's first year. The video highlighted San Antonio's resources for meeting these needs. Area business gave unprecedented support for the television effort, with over 75 companies contributing $10,000 to make the production possible. During and after the show, a telephone bank of approximately 15 volunteer specialists was on hand to answer calls. Over sixty referrals were received as a result of the telecast. Project ABC had become a well-known resource in Bexar County in only a year and a half.

Advocate: **Networking**

It was the task of Project ABC to promote a coalition of agencies so that information could be shared and services, as well as service gaps, could be identified. Letters were sent to agencies requesting their cooperation with ABC. Over 80 positive responses were received initially. These represented professional organizations, parent support groups, and service providers. Each was added to ABC's mailing list to receive the newsletter, *Networking News*, and any announcements regarding new developments or events occurring in the community.

A smaller group was organized with some of the city's most vital agencies for early childhood intervention. It soon became a recognized group with its own identity: the Birth-to-Three Network. Its monthly meetings became a forum for discussing—and usually solving—problems of caseload, case management, and service gaps.

Emphasis was given to educating parents and professionals. New plans were implemented in order to increase physicians' awareness of the total service system. Their involvement would be necessary to improve this system. Nearly 100 activities specifically for parents, professionals, and physicians were completed during ABC's first 18 months.

Kaleidoscope '83, a statewide conference, brought together medical educators, parents, early childhood specialists, school district personnel, physicians, service providers, policymakers, and community leaders. Their skills and knowledge blended and intermingled like the colors in the meeting's namesake. Four hundred participants shared concerns and findings of their studies and work. The School of Nursing at The University of Texas Health Science Center at San Antonio and the Children's Hospital joined "Any Baby Can" in sponsoring this exciting first-time event.

ABC set about to identify additional agencies and programs that would become components of the service delivery system, recognizing also that components must be made aware of the project in order to make the most of the information and referral service it offered.

Communicate: **Early Intervention Information and Referral**

The initial grant allowed for a seven-month period in which to prepare and develop the Baby Helpline system. But from the moment ABC staff began moving into rented offices at the Children's Hospital, parents and professionals began seeking their help. Inquiries were coming in long before the project was officially in operation. By the end of the first year, over 500 children were referred to various services through the ABC offices. An average of 40 new families per month has been assisted by the staff since the project's inception.

Bilingual personnel answering the Helpline assist each caller to define the concern or problem and specify the particular request. Once alternatives are defined by the social workers, these resource options are given to the caller. In every case, careful follow-up is maintained and documented.

Frequently complex case management is required when multiple needs necessitate involvement of various agencies and support services. Telephone counseling is often provided. A listing is kept of all agencies and organizations which have been contacted for referral of a client.

The ABC staff also provides information services to the community. Professionals as well as parents call the offices with questions from a general nature to highly specific ones or to express concerns regarding growth and development of both normal and handicapped children. More than 40 calls for such information are handled each month.

The Client Population

Sometimes parents do not even know to ask questions.

A mother called about her eight-year-old son's speech problem. She was concerned that the school district was not attending to his problem and she wanted help. Through the course of several conversations, it came to light that the mother had another son who was five years old. The younger son was not toilet trained and did not talk. The staff suggested to the mother that both sons be evaluated for speech problems. It was found that the eight-year-old had a speech problem, and he was referred to the school district therapy program. The five-year-old son, however, was mentally retarded and began receiving therapy from an early intervention program.

Sometimes when parents do ask, their concerns are not given proper consideration by service providers.

Allen's mother contacted Project ABC frantically one afternoon. The child had been crying for hours. It seemed that Allen had been sick off and on with colds or fevers for several months. He also had a cyst on his head. The mother had taken him to the doctor and to the emergency room, but she was told not to worry about the cyst. X-rays had been taken, but the mother was given no advice on what to do next, and now the hospital said the x-rays could not be found. The urgency of the mother's plea caused ABC staff to take action. After five days of appointment scheduling, tracking down the lost x-rays, and assertive advocacy by ABC, a diagnosis was reached.

> Allen had a brain tumor. Surgery was scheduled. The operation was a success, but the boy was in and out of intensive care periodically for five months. Later, he developed a seizure disorder and was again hospitalized. The ABC staff is still in contact with this mother, and an intervention program for developmental delays is being sought.

And occasionally other concerned family members or friends will seek information.

> Christina's aunt called ABC and said that she thought her niece was "a slow learner". The aunt was encouraged by the staff to have the parents make direct contact. After they did, the child was evaluated by a local early childhood intervention program and found to exhibit delays in all areas of development. A younger child in the home showed similar lags. Both children received services in a home visit model intervention program over several months. Then ABC was contacted again. The parents had been reported for child abuse and the children were now living with their grandparents. Since Christina was now over three years old, she no longer qualified for the intervention program. Project ABC collaborated with Texas Department of Human Resources' Protective Services to coordinate educational, medical, and social service assistance.

These children and some 1500 others were referred by the Baby Helpline and Project ABC in the program's first 36 months. Initially the focus was to identify San Antonio and Bexar County children, age 3 and under, who had developmental delays or handicaps. Once the phone lines were open, however, no child was turned away.

A compilation of record data indicates that services have reached the targeted population. Nearly 80 percent of the cases have been within the specified age range. Approximately 88 percent have been residents of Bexar County. The ethnic distribution of cases reflects the San Antonio population. However, 20 percent of the children are age 4 or older, and some 12 percent live outside Bexar County.

Families have been assisted from as far away as Tulsa, Oklahoma and Mexico. The demand for services offered by Project ABC was overwhelming, but even more surprising was the unanticipated extension of services to a wider age range and to nonresidents.

Detailed records document each child and/or family problem and the specific request made in that case. More than 40 kinds of problems and 30 different types of requests were compiled into checklists for use on the referral tracking form. Originally, many of these categories listed were specific to developmental delays or handicapping conditions. Additional problem areas were added as requests revealed a wider range of needs. The list later included apnea (a transient suspension of an infant's breathing, often the cause of Sudden Infant Death Syndrome), abuse and neglect, the medically involved or chronically ill, and at-risk environment.

Many children are delayed developmentally due to abuse, neglect, or dysfunctional home environment. Most parents have problems coping with the amount of care and financial distress associated with a medically or chronically ill child.

Ultimately, the problems prompting parents to call Project ABC were so varied and often so much broader in scope than what was initially anticipated that the Project ABC outreach effort became: Know a Baby Who Needs Help? Call 228-2ABC.

> Many times the Project ABC staff has assisted a family from a child's birth to death. All too clear for staff members is the memory of the recent death of Roger, an ABC baby whose sixteen-year-old mother called the Baby Helpline from a street corner shortly before Christmas. She was unable to pay the eight dollars needed to purchase a prescription for the baby who had multiple heart defects. The Project arranged for filling the prescription and for formula, diapers, and canned goods. The staff then assisted the mother for the next three weeks through two hospital stays and major surgery. Roger's mother called staff members at home late one evening when the baby died. The staff assisted the mother during the next forty-eight hours and was able to arrange for donation of funeral services.

BAND-AIDE
WAGON

Project ABC Today

In less than three years, Any Baby Can accomplished far more than the original goals specified. Many achievements resulted from the commitment to meet needs of parents of special children where no other program or service existed to assist them.

Crisis Fund

A crisis fund was initiated in 1983 when parents whose baby died requested that contributions be sent to Project ABC in lieu of flowers. This fund is used when severe financial difficulty precludes purchase or maintenance of items essential to a child's survival. Money has been allocated for the purchase of prescriptions, distilled water, suctioning tubes, and ostomy bags; for the payment of utility bills in households where an apnea monitor or other life support equipment is in use; or, in some cases, for assistance with funeral expenses. In each case, the Crisis Fund meets an immediate need not met by traditional sources.

To maintain the fund, fundraising events have been held, and donations are accepted. In 1984, Rabbi Harold Kushner, author of *When Bad Things Happen to Good People*, spoke at a community leaders' breakfast and gave a lecture for the general public, addressing issues of chronically and critically ill children. All proceeds from his appearances were designated to Project ABC's Vincent Alexander Villareal Crisis Fund.

Babysitting Brigade

One of the real needs of parents of disabled children, one that is often overlooked, is for respite care. In conjunction with a local high school, Project ABC developed a program for child development students to learn how to care for handicapped children.

The training program has emphasized emergency care, infant CPR, and information on various disabilities. An evening of visitation with selected "ABC kids" is also arranged. Any Baby Can places announcements of this special sitter project in newspapers and on television. When a request comes, the parent is asked to sign a release and is given names of several youths who have been through the training. Families make their own arrangements. Parents of the sitters are asked to sign releases as well. For two consecutive years, the ABC Babysitting Brigade has been a success.

Infant Apnea Monitors

ABC advocated to obtain apnea monitors for low-income families. This equipment is often prescribed for infants at risk for Sudden Infant Death Syndrome, but it is not covered by Medicaid nor by Crippled Children's Fund in Texas nor by some insurance companies. At a cost of approximately $2,000 each, these monitors are unaffordable for many parents. Project ABC received donations to pay for 13 monitors which are placed on loan to indigent families. A local medical supply company gives free maintenance of the monitors and trains parents in their use.

Emergency Formula Distribution

Parents who are economically drained by medical expenses are often unable to obtain formula necessary for their infants. Many ABC babies require expensive special formulas which become unaffordable. Each week the Project receives and distributes dozens of cases of formula to meet emergency needs. Donations are from three leading manufacturers, and surplus stock from area hospitals is also designated for this effort.

Parent Support Groups

Sometimes a parent has called Project ABC simply needing someone to listen. Staff members understand and, when possible, have directed parents to others with similar problems who can share their concerns. During 1984 three new parent support groups were begun in San Antonio with help from ABC. These groups were specific to conditions of cleft palate, tourette syndrome, and infant apnea monitor use.

Community Cooperation

Project ABC provides a link between those people it serves and those persons and businesses wishing to lend support where they can. As word of the Baby Helpline spread across San Antonio, other groups and associations offered opportunities for expanding local support. For example:

> Texas law requires use of automobile safety seats by children under four. People now donate car seats to ABC. The Project has 27 safety seats to lend to those who cannot afford them.
>
> Not every dentist is inclined to work with the handicapped child or has the proper equipment to do so. Several local dentists offer free screening to handicapped or delayed children each February during National Dental Health Month.
>
> The Humana Woman's Hospital planned a gift boutique in its new facility. Who would operate it? The hospital invited ABC to avail itself of this "franchise" for minimal $1.00 rent per year. ABC volunteers staff the shop, and it has proved to be another dependable fundraiser as well as an opportunity for public visibility.

Daily Activity

"Hello, this is Baby Helpline. How can we help you?"

These requests were received in a recent twenty-four hour period:

- A sitter was needed for an eight-year-old schizophrenic child released from San Antonio Children's Center. The child was unable to attend school a full day due to severe behavioral and emotional problems.

- Financial help was needed for ostomy supplies for a seven-month-old baby girl. The family had resorted to selling personal belongings at a flea market to obtain these supplies.

- A request was made for help with a $34 utility bill; the family had a baby on an apnea monitor and a two-year-old with brain damage. The family also needed formula, diapers, and food.

- Speech therapy was requested for a three-year-old child who had only three words of expressive language. The teen mother had had two strokes during her pregnancy.

- Parents called about a four-year-old child with cerebral palsy who had never been in therapy or a program.

- Carseats were needed for Bulgarian refugee twins, age one.

- A full-time sitter was needed for a child with kidney, heart, and digestive abnormalities.

- Legal intervention was needed in the situation of a "kidnapped" infant taken from a babysitter by the ex-spouse while the mother attended classes at college.

- Two families called to request apnea monitors for infants with documented apnea spells. Neither family had insurance.

Operation

Currently, Project ABC is under the auspices of the Santa Rosa Medical Center which includes the General Hospital, the Children's Hospital, and the Children's Ambulatory Care Clinic. The affiliation with the hospital has been a logical link, helping to increase credibility and secure medical care for infants and children. The staff of Project ABC works in conjunction with an advisory board comprised of concerned parents and professionals. It has the assistance of a dedicated volunteer corps for massive mailing campaigns and working at the gift shop.

The Baby Helpline staff is composed of six professional employees: the project director, two social workers, fiscal manager, intake worker, and program evaluator. In addition, various consultants who offer specialized assistance are periodically recruited.

Two additional staff members and an exciting new component were added in 1985 with the funding of the Texas Respite Resource Network at Project ABC. This three-year technical assistance grant, from the Texas Planning Council for Developmental Disabilities, will support a statewide clearinghouse of resources on respite programs and fund a 1986 conference with speakers of national significance.

The commitment, care, and concern of every individual involved with Project ABC is a big part of the Project's success.

Evaluation

The merits of a comprehensive evaluation system can provide much more than just documentation pertinent to the accomplishment of stated goals. The ongoing evaluation of ABC has provided answers about the client population and helped to pinpoint existing unmet needs. Each presentation, every information call, and any activity that facilitates the accomplishment of a defined goal has been documented. As a result, the hard work and long hours are accountable, yielding an accurate history and providing direction for the future.

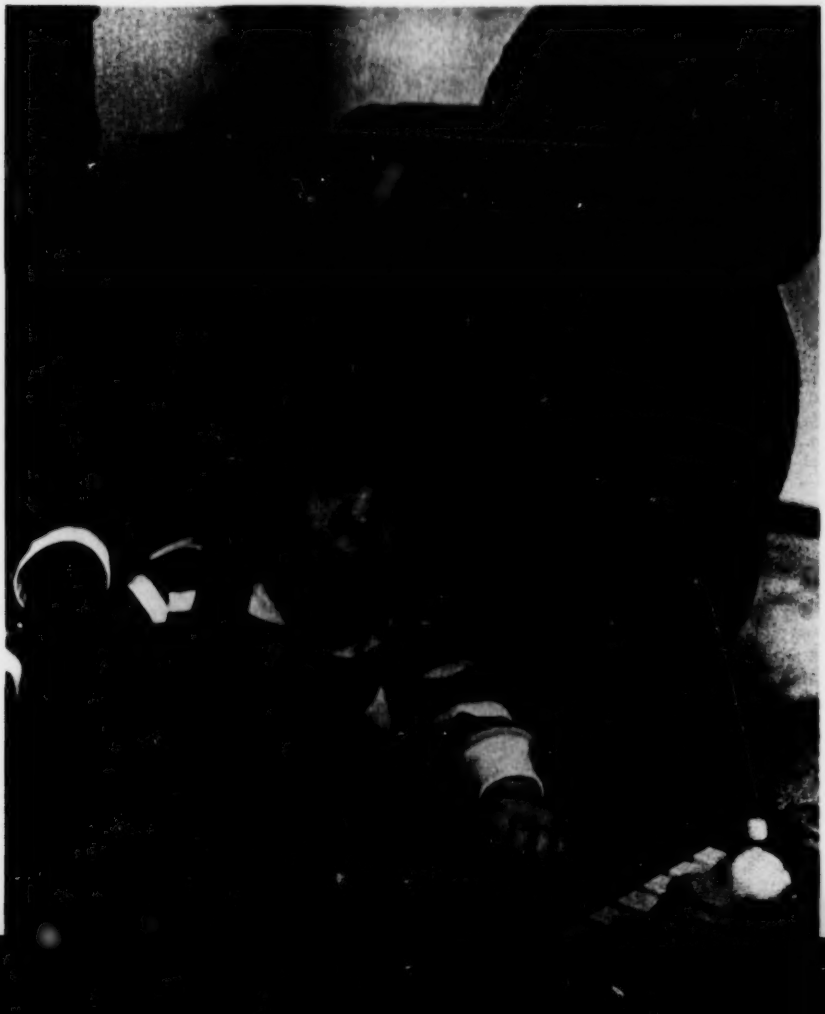
Probably the evaluation component's most important function has been the creation and subsequent maintenance of the referral data base which has required the attention and care of each staff member. Every time an addition or deletion of information is made in a case folder, the data base is updated.

Statistics regarding specific developmental delays and handicapping conditions are sparse. Yet statistics such as these are important for need assessments and the development of plans to assist others appropriately and efficiently. While the population served by Project ABC may not be truly representative of the population at large (it is not known what biases may occur due to the self-selection process, for example), the statistics generated from this group are accurate, complete, and appropriate for use by local agencies and agencies of a similar nature.

Detailed information that is kept on each case has provided insight into populations not originally targeted but which are in need of the services ABC can provide. When populations are served that are outside the initial guidelines, it is important that other variables be identified that may also contribute to or characterize their need. More specifically, it is important to assess the impact of expanding the client qualifications. Because of the nature of the Project ABC data base, subpopulations are easily

defined and statistical analyses have been conducted to specify how they differ from those initially targeted.

Information has also been collected highlighting services which have not been developed in the community but are sorely needed. Once a need has been recognized, many organizations and/or individuals have become involved with Project ABC to provide answers and fill these identified gaps or voids. Because Project ABC can provide the framework and network for determining needs, individuals are able to donate time, money, and effort to Project ABC to reach those needs. "Facilitate" is added to the earlier goals of educate, advocate, and communicate.



Replication Potential

Project Any Baby Can is committed not only to continuing the San Antonio effort but to encouraging replication of the Baby Helpline concept in other communities. This commitment stems from the positive response and accomplishments of the early years and from the realization that the staff has struggled to initiate an accountable model with no other from which to copy. They started at grass-roots level to generate the materials they would need. Everything from intake forms to computerization of the data has been refined again and again.

A systematized approach to the intake and management of approximately 40 new cases each month has already been perfected. Computerization of the data compiled by Project staff members has been complicated. Some of the most difficult decisions have included the definition of variables and the appropriate coding of information for further analyses. All software to generate the bimonthly Referral Status Report and a system to update the data have been designed at the Project.

Outreach efforts which include bilingual television public service announcements and ABC buttons are replicable. Packets containing bilingual brochures and posters with the logo can be copied, as well, with permission from the project.

A Note of Success

Project ABC has succeeded because of its staff and its location in the center of the city, accessible by public transportation, and the benefits of its association with a large hospital. But the reasons actually entail a lot more.

Professionals all over San Antonio helped with the clarification of needs. The involvement of a variety of people helped create a grass-roots effort which prompted cooperation rather than competition. ABC's efforts are to supplement other agencies' and area physicians' efforts, not supplant them. Referrals through the Helpline have put people in touch who might never have found each other without this unique intermediary.

The logo, "Know a Baby Who Needs Help? . . ." evolved from many discussions regarding the best way to reach the largest audience and those whom the project would serve. ABC has relied on the support of service agencies, parents, physicians, the media, and the community at large. The spirit of this support has been vital to the Project's achievements.

The nature of Project ABC's origin and the flexibility as well as the generosity of the people who work in and contribute to Project ABC are the greatest contributors to the Project's success in meeting needs of special children.

Do you know a baby who needs help?

Would you know where to turn?

Four hundred pairs of orthopedic shoes were donated. This special visitor helps with one fitting.

Childrens Hospital